

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

AGENTS THAT BIND TO AND INHIBIT HUMAN
CYTOCHROME P450 2C8, 2C9, 2C18 AND 2C19

Attorney Docket Number::

015280-389200US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

11

Small Entity?::

No

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Harry
Middle Name:: V.
Family Name:: Gelboin
Name Suffix::
City of Residence:: Chevy Chase
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 2806 Abilene Drive
City of Mailing Address:: Chevy Chase
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20815

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kristopher
Middle Name:: W.
Family Name:: Krausz
Name Suffix::
City of Residence:: Columbia
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 6245 Hidden Clearing
City of Mailing Address:: Columbia
State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 21045

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Frank

Middle Name:: J.

Family Name:: Gonzalez

Name Suffix::

City of Residence:: Bethesda

State or Province of Residence:: MD

Country of Residence:: US

Street of Mailing Address:: 5000 Battery Lane

City of Mailing Address:: Bethesda

State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 20892

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/469,655	12/22/99
09/469,655	An Appn claiming	60/119,972	02/12/99
	benefit under 35 USC		
	119(e) of		

Assignee Information

Assignee Name:: Health and Human Services, Department of,
United States of America
Street of mailing address:: 6011 Executive Boulevard, Suite 325
City of mailing address:: Rockville
State or Province of mailing address:: Maryland
Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 20852-3804